

EXHIBIT E



933 FLEMING ST.
KEY WEST, FLA 33040
(305) 292-1635
FAX: (305) 292-1739

FAX TRANSMITTAL SHEET

"PERSONAL AND CONFIDENTIAL"

TO: Mr Jerry Wells

AT: Florida Medicaid Pharmacy

FAX NO: 850-922-0685

FROM: Zach & Mark

FAX NO: 305-292-1739

DATE: 7/26/97 TIME: _____

RE: Albuterol Sulfate 0.083% Prices

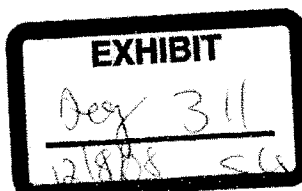
Next week we will obtain some more current
wholesaler prices (Note McKesson's \$12.00 is from
10/1/96).

PAGES TO FOLLOW INCLUDING COVER SHEET: 7

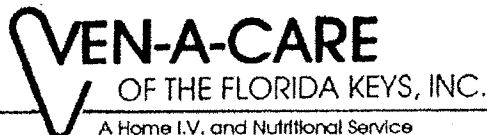
NOTE: FORWARD THIS FAX IMMEDIATELY TO THE ADDRESSEE, AS THE DOCUMENTS CONTAINED IN THIS FAX ARE PERSONAL AND CONFIDENTIAL!! IF YOU DO NOT RECEIVE THIS FAX IN ITS ENTIRETY, PLEASE CALL SALLY SMITH AT 305-292-1635.

: 1901848

1901848



VAC MDL 65904



933 FLEMING ST.
KEY WEST, FLA 33040
(305) 292-1635
FAX: (305) 292-1739

SENSITIVE- DO NOT DISCLOSE
MATTERS UNDER COURT ORDERED SEAL

July 26, 1997

Prior Copy by Fax 904-922-0685

Mr. Jerry Wells, R.Ph
State of Florida
Agency For Health Care Administration
2727 Mahan Drive
Fort Knox, Building 1
Tallahassee, FL 32308-5407

RE: Florida Medicaid Reimbursement for Albuterol Sulfate 0.083%.

Dear Jerry,

Enclosed is Ven-A-Care's ("VAC") true cost prices for albuterol sulfate and other common drugs used for inhalation. We are enclosing representative prices from traditional wholesalers with prices obtained through group purchasing organizations ("GPO"). We believe the GPO prices more accurately reflect the true acquisition prices in the marketplace since "closed pharmacies", such as VAC, are most likely purchasing these inhalant solutions through GPO's and are most likely dispensing the majority of these inhalation solutions.

The 1st quarter Florida Medicaid utilization and reimbursement data for albuterol sulfate solution that you provided to us yesterday indicates that the actual reimbursement amount for each NDC number is very close to Florida's maximum allowable. VAC's current cost for albuterol sulfate, 0.083%, 3ml, 25s is \$8.50 and Florida Medicaid's reimbursement is \$26.48. Providers are reaping more than a 200% profit from the Program for this drug.

A comparison of the reimbursement amount is driving the utilization and the decision by provider's to purchase a specific Manufacturer's drug over that of another. The difference between the provider's true cost and the reimbursement amount is referred to as the "spread." Manufacturers' representatives routinely contact providers to market their pharmaceuticals solely by informing the providers of the "spread." Some manufacturers provide reimbursement assistance to providers to insure the maximum reimbursement is obtained from third party payers, including the Medicare and Medicaid Programs.

The following chart is an example of how Warrick Pharmaceuticals and Dey Laboratories captured the Florida Medicaid Pharmacy market for albuterol sulfate, 0.083%. Warrick Pharmaceuticals and Dey Laboratories false representations of price and cost caused Florida's Medicaid Pharmacy Program to pay more than \$1 million over the reasonable amount contemplated by 42.CFR 447.331.

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24 Hour Beeper Service • 745-0289

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VAC MDL 65905

Mr. Jerry Wells
 Florida Medicaid Pharmacy
 July 26, 1997
 Page 2

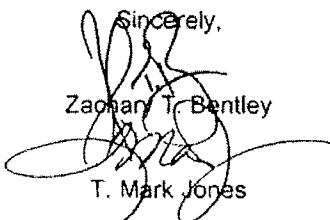
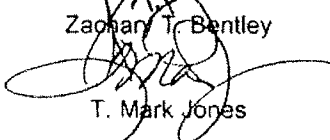
FLORIDA MEDICAID REIMBURSEMENT (1ST QUARTER 1997)
ALBUTEROL SULFATE 0.083%

COMPANY	FL. MEDICAID REIMBURSEMENT	# Claims	AMOUNT PAID
Warrick	\$26.92 (\$0.3590/ml)	12,673	\$763,595.42
Dey	\$26.48 (\$0.35310/ml)	9,792	\$707,220.50
Zenith/Goldline	\$16.04 (\$0.21385/ml)	102	\$ 4,981.86

Approximately two years ago, we examined Medicare's reimbursement for inhalation drugs. We contacted several pharmacies through our home health agency, Criticare of the Florida Keys, Inc. Besides the disparity between the provider's true cost and Medicare's reimbursement we discovered other disturbing methods that drive overutilization. Three of the pharmacies that we contacted offered Criticare a kickback or split-fee arrangement for giving the pharmacies patient referrals. One marketing scheme offered by the pharmacies was the automatic shipping of refills every month without verifying continuing need with the patient or physician to maximize use and reimbursement. We reported this information to the HHS Office of Inspector General.

At your convenience, we would appreciate your providing us with a data disk containing the summary data for 1996 for all inhalation drugs reimbursed by the Florida Medicaid Pharmacy Program. As always, we appreciate your assistance.

Sincerely,


 Zachary T. Bentley

 T. Mark Jones

cc: T. Reed Stephens, Esq.
 Mark A. Lavine, Esq.
 Wampler, Buchanan and Breen

1901850

933 Fleming Street

VEN-A-CARE of the Florida Keys, Inc.
 (305) 292-1635

Key West, Florida 33040

1901848

VAC MDL 65906

TANPA- 195

18500

McKESSON DRUG CO. ITEM CATALOG

10/01/95

ADH - ALU

D P	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST SUGG RETAIL	WIN ORD	U N	PKG QTY	D P	ITEM NUMBER	ITEM DESCRIPTION	R X	REGULAR COST	LIST SUGG RETAIL	WIN ORD	U N	PKG QTY
VA	188-7120	ADHES TAPE W/P CUR 702 1X5YD		1.43				24	NB	188-1878	AGREE COND NORM		1502	2.00			17
VA	188-7123	ADHES TAPE W/P CUR 703 1X10YD		2.23				24	NB	182-8466	AGREE HAIR DETOXIFIER		602	2.00			6
VA	130-1795	ADHES TAPE W/P 1/2X10 JJ 5050		1.55				36	NC	188-1804	AGREE SHAM NORM		1502	2.00			17
VA	130-1781	ADHES TAPE W/P 1/2X5 JJ 5040		.93				72	AD	193-4355	AH-CHEW CHEW TAB		100 R	35.00			48
VA	130-1803	ADHES TAPE W/P 1X10 JJ 5051		2.42				24	AD	133-9563	AH-CHEW O TAB		100 R	34.00			48
VA	130-1779	ADHES TAPE W/P 1X5 JJ 5041		1.55				48	OD	371-7899	AIM T/B KID		468700	2.09			24
JA	131-8413	ADIPEX-P CAP 37.5UG		88.56				24	OB	228-4506	AIM TYP GEL BAK/SODA		602	5.1			24
JA	127-7870	ADIPEX-P TAB		87.00				24	OB	180-7759	AIM TYP GEL REG		602	9.1			24
JA	118-3508	ADIPOST CAP		51.93				156	OB	328-3579	AIM TYP TARTAR CONT		602	9.1			24
NE	149-5431	ADORN H/S AERO REG		7.502				12	PJ	219-9305	AIR CLEAN 2SPD ENV		61500	142.51			12
NE	149-5450	ADORN H/S AERO UNSC X/H		7.502				12	PJ	182-1537	AIR CLEAN 3SPD ENV		61500	205.00	299.35		12
NE	149-5449	ADORN H/S AERO X/HLD		7.502				12	PJ	161-7836	AIR CLEAN 3SPD ENV		61500	185.78			12
DA	138-7786	ADRENALIN AMP 1:1000 1ML		10				100	PJ	197-6257	AIR PATROL		HOLM AP449	125.00	169.99		12
DA	138-7780	ADRENALIN SOL 1:1000 10ML		10				100	PJ	271-0127	AIR PURIF SUHM FLT HOLM HCF600		12.48	19.99			12
DA	138-7778	ADRENALIN VIAL 1:1000 30ML		10				100	PJ	128-6624	AIR PURIF TABL TOP HOLM HAP215		44.38	59.99			12
IB	341-3116	ADRIAMYCIN PFS WOV 200UG		292.56				10	PJ	198-0036	AIR PURIFIER FILTR HOLM HAP72		7.75	12.99			12
IB	328-3950	ADRIAMYCIN PFS VIAL 10MG 5ML		20.03				10	CD	371-7121	AIR TEMP ADVAN BCLASD SUPP		40.70	54.95			12
IB	329-6735	ADRIAMYCIN PFS VIAL 20MG 10ML		40.08				10	VM	185-7178	AIR TIGHT CLR SPOON APOT 87121		1.71		12		144
IB	329-9105	ADRIAMYCIN PFS VIAL 50MG 25ML		97.32				10	PJ	142-2576	AIR TREAT SYS CARE HOLM HCF7000		72.38	99.99			12
AB	137-0691	ADRIAMYCIN RDF VIAL 10MG 5ML		19.07				10	AA	132-6396	AIRET SOL 3ML		25 R	41.25			12
AB	136-7038	ADRIAMYCIN RDF VIAL 20MG 10ML		38.14				10	AA	132-6685	AIRET SOL 3ML		60 R	89.06			12
AB	137-4537	ADRIAMYCIN RDF VIAL 50MG 25ML		92.65				96	AA	146-2583	AK-CHLOR OPHTH SOL AKOR 2.5ML R		4.59				144
OD	245-3187	ADRIACIL VIAL 500MG 10ML		12.30				10	BA	134-3125	AK-CIDE OPH OINT		2.50ML	6.30			144
BA	183-0360	ADSORBOCAPRINE 1% DT		15ML				12	BA	134-3125	AK-CIDE OPH SUSP		2.50ML	7.82			144
BA	183-8444	ADSORBOCAPRINE 2% DT		15ML				12	BA	271-3279	AK-COM OPH SOL 0.1%		15ML	4.85			144
BA	183-8448	ADSORBOCAPRINE 4% DT		15ML				12	RH	278-0189	AK-NACL O/O 5%		3.50ML	8.21			144
RH	218-2379	ADSORBONAC 2% DT		15ML				12	RH	324-7343	AK-NACL OPH SOL 5%		15ML	7.65			144
RH	218-2403	ADSORBONAC 5% DT		15ML				12	RH	171-7208	AK-NEFRIN OPH SOL 0.12%		15ML	3.12			144
PJ	271-7428	ADULT FLTRD VALVE KIT HUD 1184		9.05	12.95			10	BA	160-0204	AK-POLY-BAG OPH OINT		3.50ML	6.50			144
PJ	110-7024	ADULT HEULI 1% UNK TXLXHU280700		308.00	812.00			10	BA	178-8536	AK-PRED OPH SOL 1%		15ML	4.85			144
PA	188-1721	ADVANCE PREG TEST KIT DOUBLE		10.90				12	BA	171-5960	AK-PRED OPH SOL 1%		15ML	6.63			144
PA	218-4889	ADVANCE PREG TEST KIT SINGLE		7.40				12	BA	171-3253	AK-PRED OPH SOL 0.125%		15ML	4.08			144
WM	130-6386	ADVANTAG CAT 1-9LB E/V 4X 4ML		21.25				12	BA	144-5578	AK-PRO OPH SOL 1% AKOR 5ML		13.39				144
WM	130-6802	ADVANTAG CAT 10-18LB E/V 4X 4ML		24.65				12	BA	144-8083	AK-PRO OPH SOL 1% AKOR 10ML		13.39				144
WM	129-6565	ADVANTAG DOG 1-10LB E/V 4X 4ML		22.95				12	BA	146-2844	AK-PRO OPH SOL 1% AKOR 15ML		19.89				144
WM	184-0040	ADVANTAG DOG 11-20LB THOM 4X1		22.95				12	RH	223-5471	AK-RINSE OPH RFRIG SOL		4OZ	3.39			144
WM	130-3510	ADVANTAG DOG 21-55LB E/V 4X2.5		24.55				12	BC	116-4962	AK-SPORE HC OTIC SOL		15ML	6.89			144
PA	117-2709	ADVANTAGE 24 CONTR GEL 3X1.50ML		4.79	7.99			48	BA	116-4962	AK-SPORE HC OTIC SOL		15ML	6.89			144
PA	141-4101	ADVANTAGE 24 CONTR GEL 6X1.50ML		4.79	11.99			48	BA	180-2531	AK-TOB STER O/S 0.3%		5ML	5.05			144
WM	184-0446	ADVANTAG DOG 21-55LB THOM 4X2.5		22.95				12	BA	110-3647	AK-TROL OPH SUSP 0.1%		5ML	6.12			144
SJ	149-3923	ADVERA NUTR CHOC INST BOZ CT6		11.55				4 CT	AD	121-5480	AKIMETON TAB 2MG		100 R	22.08			12
SJ	149-4087	ADVERA NUTR CHOCOL BOZ CT6		8.58				4 CT	CA	179-3512	AKME-MYCIN OINT		25GM R	15.12			144
SJ	271-4459	ADVERA NUTR VAM BOZ CT6		8.58				4 CT	RH	223-5489	AKMA TEARS OPH OINT		3.50ML	3.22			144
SJ	271-2018	ADVERA NUTR VAM INST BOZ CS24		45.23				CS	RH	271-3246	AKMA TEARS OPH SOL		3.50ML	3.22			144
RA	196-5189	ADVIL CAPL		24	7.76			72	TA	174-3137	ALAMAG SUSP		G/L 12OZ	16.63	2.60		12
RA	196-5320	ADVIL CAPL		50	4.76			36	TA	184-7043	ALAMAG SUSP		G/L 12OZ	16.63	3.00		12
RA	186-7179	ADVIL CAPL		100	7.99			24	XZ	385-7251	ALB CAP SCREW/L SL-26		CT100	8.34			CT
RA	187-2280	ADVIL CAPL		100	10.45			24	XZ	385-8044	ALB CAP SCREW/L SL-35		CT100	5.16			CT
RA	198-7809	ADVIL CAPL		250	11.55			72	XZ	385-8143	ALB CAP SCREW/L SL-45		CT100	8.48			CT
RB	179-3686	ADVIL COLDSINUS CAPL		20	3.59			72	XZ	385-8242	ALB CAP SCREW/L SL-50		CT100	9.78			CT
RA	333-0273	ADVIL COLDSINUS CAPL		40	8.12			36	BA	228-8842	ALBALON OPH SOL 0.1%		15ML	12.05			12
RB	120-4320	ADVIL COLDSINUS TAB		20	3.59			36	MA	245-8677	ALBOLENE CNU SCEN		602	3.39			12
AB	120-6036	ADVIL COLDSINUS TAB		40	8.12			36	MA	131-5373	ALBOLENE CNU SCEN		100 R	6.5			12
RA	198-1235	ADVIL EASY OPEN CAPL		72	5.46			36	MA	245-8669	ALBOLENE CNU UNSC		602	3.39			12
RA	198-1927	ADVIL EASY OPEN TAB		72	5.46			36	MA	197-5336	ALBOLENE CNU UNSC		12OZ	6.58			12
RA	229-5509	ADVIL GELCAPL		24	2.76			72	DA	185-3377	ALBUMIN VIAL 25% 50ML PAS 10 R		740.00				12
RA	225-8890	ADVIL GELCAPL		50	4.74			72	DC	114-5119	ALBUSTIX REAG STRIP 2191		100	23.30	36.45		12
AA	225-9232	ADVIL GELCAPL		100	7.99			36	BA	322-3094	ALBUTEROL INH 3ML G/L		75 R	16.47			12
AA	244-6598	ADVIL SUSP		102 R	5.15			24	BE	325-8959	ALBUTEROL INHAL AERO DEY 170MG R		16.47				144
AA	244-6599	ADVIL SUSP		160 R	17.12			4	BE	248-8380	ALBUTEROL INHAL AERO RUG 170MG R		15.70				12
RA	120-4884	ADVIL SUSP CHILD		202	7.72			36	BE	248-8378	ALBUTEROL INHAL AERO SCHE 170MG R		10.00				12
RA	120-7380	ADVIL SUSP CHILD		402	4.31			36	BE	248-7736	ALBUTEROL INHAL AERO URL 170MG R		14.52				12
RA	173-3587	ADVIL TAB		24	7.76			72	BE	244-9025	ALBUTEROL INHAL KIT WAR 170MG R		10.00				12
RA	173-3583	ADVIL TAB		50	4.76			72	BE	244-2970	ALBUTEROL INHAL KIT ZEN 170MG R		10.00				12
RA	173-3809	ADVIL TAB		100	7.99			36	BE	246-8785	ALBUTEROL INHAL REF SCHE 170MG R		9.16				12
RA	146-1714	ADVIL TAB		185	10.45			24	BE	246-7959	ALBUTEROL INHAL REF URL 170MG R		13.10				12
RA	216-6775	ADVIL TAB		250	11.55			24	BE	246-6281	ALBUTEROL INHAL REF WAR 170MG R		8.26				12
RA	272-8808	ADVIL TAB BOTTLE		8	1.04			144	BE	326-8835	ALBUTEROL INHAL REF RUG 170MG R		14.44				12
ZV	277-7027	ADVIL TAB TR/SZ 0.85PP 45 CS72		32.40		89	12	CS	BE	244-6490	ALBUTEROL INHAL REF ZEN 170MG R		8.28				12
RA	169-2417	ADVIL TAB UD HOSP		200	10.20			12	AA	359-4249	ALBUTEROL LID		RUG 150 R	3.17			12
BE	216-9829	AEROBIC INHALER SYSTEM		70MR	47.35			12	AA	273-2071	ALBUTEROL SOL		500 R	22.30			12
BE	248-2285	AEROBIC INHALER		70MR	43.35			12	AA	325-6211	ALBUTEROL SOL 0.83 WAR 3MLX25 R		12.00				12
BE	228-4560	AEROCAMBER VDI SP (PK) 013501 R		20.26				12	AA	325-6210	ALBUTEROL SOL 0.83 WAR 3MLX25 R		26.00				12
BE	219-6863	AEROCAMBER VASK LGE 013545 R		27.03				6	AA	325-6209	ALBUTEROL SOL 0.83 DEY 200ML R						

PHARMACEUTICAL BUYERS, INC

Abbreviated Vendor Catalog for

HOME INFUSION PROVIDER CLOSED SHOP

November 28, 1995

NDC	Label Name	Generic Name	Case	Pack	Unit	Contract
DEY LABORATORIES		Contract Term: thru 12/31/00				
49502-0030-03	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	250/	3.0	ML	29.100
49502-0030-10	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	125/	10.0	ML	29.100
49502-0181-04	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE	12/	4.0	ML	18.480
49502-0181-30	ACETYLCYSTEINE 10% VIAL	ACETYLCYSTEINE	3/	30.0	ML	23.050
49502-0182-04	ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE	12/	4.0	ML	19.720
49502-0182-30	ACETYLCYSTEINE 20% VIAL	ACETYLCYSTEINE	3/	30.0	ML	26.410
49502-0639-02	ISOETHARINE 0.25% SOLUTION	ISOETHARINE HYDROCHLORIDE	25/	2.0	ML	6.500
49502-0676-03	METAPROTERENOL 0.6% SOLN	METAPROTERENOL SULFATE	25/	2.5	ML	7.500
49502-0678-03	METAPROTERENOL 0.4% SOLN	METAPROTERENOL SULFATE	25/	2.5	ML	7.500
49502-0689-02	CROMOLYN 10MG/ML SOLUTION	CROMOLYN SODIUM	60/	2.0	ML	28.000
49502-0697-03	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE	25/	3.0	ML	9.500
49502-0697-33	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE	30/	3.0	ML	11.400
49502-0697-60	ALBUTEROL .83MG/ML SOLUTION	ALBUTEROL SULFATE	60/	3.0	ML	22.800
49502-0820-03	SODIUM CHLORIDE 0.45% VIAL	SODIUM CL FOR INHALATION	100/	3.0	ML	9.500
49502-0830-05	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	100/	5.0	ML	9.000
49502-0830-05	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	100/	5.0	ML	9.000
49502-0830-15	SODIUM CHLORIDE 0.9% VIAL	SODIUM CL FOR INHALATION	24/	15.0	ML	5.110

Comments SUPPLY IS GUARANTEED. PLEASE STATE THAT YOU ARE A PBI MEMBER WHEN PLACING AN ORDER AND REFER TO CONTRACT NUMBER LISTED ABOVE.

DOW HICKAM PHARMACEUTICALS, INC.		Contract Term: thru 10/31/96				
00514-0001-01	GRANULEX SPRAY	TRYPSIN/BALSAM PERU/CASTOR		56.7	ML	7.250
00514-0056-01	PRODERM AEROSOL	BALSAM PERU/CASTOR OIL		113.4	ML	10.890
00514-0085-06	FLEXZAN ADHESIVE DRESSING	FOAM BANDAGE		10.0	EA	17.000
00514-0085-32	FLEXZAN ADHESIVE DRESSING	FOAM BANDAGE		5.0	EA	27.250
00514-0092-09	SORBSAN 3"X 3" WOUND DRESS	ALGINATE DRESSING		10.0	EA	26.000
00514-0092-16	SORBSAN 4"X 4" WOUND DRESS	ALGINATE DRESSING		10.0	EA	31.000
00514-0101-50	SULFAMYLYON 8.5% CREAM	MAFENIDE ACETATE		57.0	G	14.870
00514-0101-51	SULFAMYLYON 8.5% CREAM	MAFENIDE ACETATE		113.0	G	27.810

Comments

DU PONT PHARMA		Contract Term: thru 01/31/97				
00056-0037-46	HESPAN 6%NS INFUSION BAG	HETASTARCH/NA CHLOR 0.9%	12/	500.0	ML	666.000

Comments PRODUCT IS SOLD IN CASES OF 12 ONLY.

DURAMED PHARMACEUTICALS, INC.		Contract Term: thru 10/31/96				
51285-0277-02	ISONIAZID 300MG TABLET	ISONIAZID		100.0	EA	3.880
51285-0301-21	METHYLPREDNISOLONE 4MG TAB	METHYLPREDNISOLONE		21.0	EA	5.810
51285-0602-02	ACETAMINOPHEN/COD #4 TABLET	CODEINE PHOSPHATE/APAP		100.0	EA	5.630
51285-0644-02	OXYCODONE W/APAP 5/500 CAP	OXYCODONE HCL/ACETAMINOPHEN		100.0	EA	19.220
51285-0803-02	AMANTADINE 100MG CAPSULE	AMANTADINE HYDROCHLORIDE		100.0	EA	8.950
51285-0846-02	TOLMETIN SODIUM 200MG TAB	TOLMETIN SODIUM		100.0	EA	27.800
51285-0875-02	ESTROPIPATE 0.625MG TABLET	ESTROPIPATE		100.0	EA	19.260

Comments

1901852

ENDO LABORATORIES, L.L.C.		Contract Term: thru 10/31/96				
60951-0602-85	ENDOCET 5/325 TABLET	OXYCODONE HCL/ACETAMINOPHEN		500.0	EA	25.500
60951-0630-70	CIMETIDINE 200MG TABLET	CIMETIDINE		100.0	EA	14.000

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This information is Confidential

1901848

VAC MDL 65908



DEY LABORATORIES

Contract Award

A Lipha Americas company

Greater New York Hosp Assoc/Alternate Care
555 West 57th Street, 15th Floor
New York, NY 10019

To Order:
Contact your local wholesaler, or:
DEY LABORATORIES
10246 Miller Road
Dallas, TX 75238

DEY Contract No: GNY-1025
Effective Date: 01/01/1994
Expiration Date: 12/31/1998
Terms: 2% 30; net 31 days
Freight: FOB Destination

Product Description	Strength	Unit Size	Brand Name	NDC Number	#Ctn.	\$/Ctn.
Acetylcysteine Solution	10%	4 mL	Mucosil	49502-181-04	12	12.48
Acetylcysteine Solution	10%	10 mL	Mucosil	49502-181-10	3	10.17
Acetylcysteine Solution	10%	30 mL	Mucosil	49502-181-30	3	19.65
Acetylcysteine Solution	20%	4 mL	Mucosil	49502-182-04	12	12.60
Acetylcysteine Solution	20%	10 mL	Mucosil	49502-182-10	3	9.90
Acetylcysteine Solution	20%	30 mL	Mucosil	49502-182-30	3	24.63
Acetylcysteine Solution	20%	100 mL	Mucosil	49502-182-00	1	24.50
Albuterol Inhalation Aerosol 17 g. Kit	90 mcg/inh	200 Inhal		49502-303-17	1	4.25
Albuterol Inhalation Aerosol, 17 g. Refill	90 mcg/inh	200 Inhal		49502-303-27	1	4.00
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-03	25	8.50
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-33	30	10.20
Albuterol Sulfate Inhalation Solution	0.083%	3 mL	Dey-Lute	49502-697-60	60	20.40
Albuterol Sulfate Inhalation Solution	0.5%	20 mL		49502-196-20	1	5.50
Cromolyn Sodium Inhalation, USP	20 mg/2 mL	2 mL		49502-689-02	60	24.50
Cromolyn Sodium Inhalation, USP	20 mg/2 mL	2 mL		49502-689-12	120	49.00
Ipratropium Bromide Inhalation Solution	0.02%	2.5 mL		49502-685-03	25	21.50
Ipratropium Bromide Inhalation Solution	0.02%	2.5 mL		49502-685-60	60	51.60
Metaproterenol Sulfate Inhalation Solution	0.4%	2.5 mL	Dey-Lute	49502-678-03	25	6.25
Metaproterenol Sulfate Inhalation Solution	0.6%	2.5 mL	Dey-Lute	49502-676-03	25	6.25
Sodium Chloride Solution	0.9%	15 mL		49502-830-15	24	5.02
Sodium Chloride Solution	3%	15 mL	Dey-Pak	49502-640-15	50	27.50
Sodium Chloride Solution	10%	15 mL	Dey-Pak	49502-641-15	60	27.50
Water, Purified, USP		5 mL		49502-810-05	100	9.50



DEY LABORATORIES
2751 Napa Valley Corporate Drive
Napa, California 94558
1-800-755-5560 FAX 707-224-8918
To Order 1-800-527-4278

Voice Mail:
1-800-786-5775
Ext. 853

ALBERT HOYO
Territory Account Manager

A Lipha Americas company

Last revised: 04/21/1997

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VAC MDL 65909

1901848

McKesson

McKESSON DRUG
915 CHAD LANE
TAMPA FLA
SOLD TO
COBO PHARMACY
937 FLEMING ST
KEY WEST

#195 PHONE 833 482-3784
CEA PM0000771
33619
CEA AC2706135
FL 33040

Invoice

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ACCT MGR
BILLING DATE 7/14/97
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180 212
CUSTOMER
ROUTE STOP
PAGE 1

INVOICE DATE 7/15/97 INVOICE NO. 001108196

All product discounts earned or granted under McKesson and Val-Rite programs, including off-invoice allowances, may be subject to certain state and federal laws and regulations regarding reporting and/or disclosure requirements and may be required to be reflected in the costs claimed or charges made by your pharmacy under Medicaid, Medicare or any other health care reimbursement program or provider plan.

HAZARDOUS MATERIALS
CODE CLASSIFICATIONS
LISTED ON REVERSE SIDE

DEPT	ITEM NUMBER	QTY ORD UN	ITEM DESCRIPTION	STORE RETAIL	UNIT PRICE	GP %	I D CODE	EXTENSION
***** CONTAINER 4031220 *****								
AA	1977032	1	EA ACETASOL HC SOL 1X ALPH 10ML	12.00	3.89	74.3	1KR	3.63
AD	1974468	1	EA CAREAMAZ TAB 200MG P/P	23.21	7.71	66.8	1KR	7.71
AD	2405660	1	EA COUMADIN TAB 1MG	58.88	47.41	19.5	1R	47.41
CO	3525086	1	EA HEMCRR HC SUPP ALPH 128	4.14	1.87	54.8	1KR	1.87
AA	2230258	2	EA MEICCLCPR C/S 5MG ALPH 160Z	11.57	5.81	51.5	1KR	11.62
ABOVE ITEM WAS A SUBSTITUTION ITEM. PLEASE REFER TO THE AUDIT REPORT.								
AD	1875665	3	EA PREVACID CAP 30MG	347.81	293.00	15.8	1 R	879.00
AD	3682614	5	EA PRILOSEC CAP 20MG UU	113.04	94.81	16.1	1 R	474.05
	2161776	1	EA RX-PAK ZESTRIL TAB 10MG	84.24	70.66	16.1	1 R	70.66
AD	3246568	1	EA SMZ-TMF TB 800/160MG TEV	153.88	23.89	84.5	1KR	23.89
AD	2176253	3	EA TRENTAL TAB 400MG UU	61.62	51.68	16.1	1 R	155.04
AA	1615160	3	EA ALBUTEROL SOL 3ML UD DEY	30.25	9.89	67.3	1KR	29.67
AD	3531795	1	EA BIAXIN TAB 500MG	195.59	157.49	19.5	1 R	157.49
AD	1795848	1	EA COLZAR TAB 25MG UU	105.30	84.79	19.5	1 R	84.79
AD	1319391	1	EA CYCLOBENZ TAB 10MG SCHE 100Z	86.10	6.16	92.6	1KR	6.16
ABOVE ITEM WAS A SUBSTITUTION ITEM. PLEASE REFER TO THE AUDIT REPORT.								
AD	1359579	1	EA DANAZOL CAP 200MG BARR	193.94	131.89	32.0	1KR	131.89
CA	1370147	1	EA DIFFERIN GEL 0.1% 45GM	56.50	45.49	19.5	1 R	45.49
AD	3454204	2	EA DIFLUCAN TAB 200MG	337.50	271.76	15.5	1 R	543.52
AD	2111300	3	EA SPIVIR TAB 150MG	230.41	193.26	16.1	1 R	579.78
AD	3286580	1	EA IBLPROF TB 600MG FAR	90.00	11.72	87.3	1KR	11.72
CA	2284867	1	EA LAMISIL CRM 1% 15GM	28.38	23.80	16.1	1 R	23.80
AD	3273265	1	EA HECLIZ TAB 25MG PAR	44.99	10.57	76.5	1KR	10.57
AD	1963156	1	EA MULTIBRET FCLIC-590 TB Q/P	7.70	4.36	43.4	1 R	4.36
AD	1107424	1	EA NITROSTAT SUBL TAB 0.4MG 4X25	17.47	14.65	16.1	1 R	14.65
AD	3214251	1	EA PANCREASE NT16 CAP	111.95	93.90	16.1	1 R	93.90
AD	2772424	1	EA PAPAVER CAP 150MG URL	8.66	4.08	52.9	1KR	4.08
AD	2294312	1	EA PAXIL TAB 20MG	206.41	173.13	16.1	1 R	173.13
CA	3973435	1	EA PROZAC PULVULE 20MG	241.68	202.71	16.1	1 R	202.71
AD	1388156	1	EA RETIN-A CREAM 0.1% 45GM	66.60	55.86	16.1	1 R	55.86
AD	3298288	1	EA RISPERCAL TAB 2MG	204.60	171.61	16.1	1 R	171.61
AD	3700069	1	EA RX-PAK DIABETA TAB 5MG	63.54	43.55	30.8	1 R	43.55
AD	3700572	1	EA RX-PAK FREMARIN TAB .625MG 100	45.10	35.55	21.2	1 R	35.55
AD	2298446	4	EA SANDIMUNE GEL CAP 100MG UC 30	185.16	155.39	16.1	1 R	621.56
CA	2185767	1	EA TRIAMCIN OINT 0.1% RUG 160Z	20.85	13.76	34.0	1KR	13.76
AD	1843564	2	EA VASOTEC TAB 19MG	106.95	86.12	19.5	1 R	172.24
AD	1807072	1	EA VIDEX FWD PKT 250MG	121.51	101.50	16.5	1 R	101.50

THIS INVOICE IS PAYABLE TO McKesson Drug Co.
AT ABOVE ADDRESS. CLAIMS MUST BE MADE WITHIN
FIVE DAYS AND SHOW DATE OF INVOICE.

CONTINUED

THIS IS TO CERTIFY THAT ABOVE NAMED ARTICLES ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,
MARKED AND LABELED TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

VAC MDL 65910

1901848

Transmit Confirmation Report

No. : 004
Receiver : 904 922 0685
Transmitter : VEN-A-CARE/CRITI-CA
Date : Jul 28.97 16:02
Time : 03:17
Mode : Norm
Pages : 06
Result : OK

LF 1901855

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VAC MDL 65911